



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Connecticut General Life Insurance Company - Dental														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	12	12
PR	2011	0	0	12	0	12	12	0	0	12	0	0	12	60
PR	2012	0	0	12	0	12	12	0	0	12				48
ME	2009	0	0	0	0	0	0	0	0	0	0	0	132,408	132,408
ME	2010	0	0	0	0	0	0	0	0	0	0	0	142,810	142,810
ME	2011	153,742	152,370	151,742	151,837	151,719	152,673	158,414	158,195	157,849	158,265	159,062	158,218	1,864,086
ME	2012	178,915	178,743	179,475	181,695	181,431	181,436	183,472	183,052	184,025	184,595	185,581		2,002,420
PV	2011	3,621	3,635	3,962	3,800	3,804	3,823	3,693	3,869	3,685	3,714	3,802	3,858	45,266
PV	2012	4,025	4,115	4,171	4,097	4,195	4,069	4,081	4,217	3,967	4,268	4,065		45,270
MC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2008	35,715	35,637	38,577	39,268	39,264	33,862	38,193	36,674	33,946	36,403	32,901	35,442	435,882
DC	2009	37,267	36,953	40,096	42,807	39,348	38,319	38,280	36,363	35,591	36,923	33,596	36,913	452,456
DC	2010	38,872	37,577	44,488	44,663	41,114	41,722	38,898	40,902	37,010	36,944	37,974	38,915	479,079
DC	2011	41,832	39,629	52,453	46,410	46,012	46,931	41,496	46,562	40,601	39,489	37,907	42,303	521,625
DC	2012	48,567	51,008	53,317	50,037	53,853	51,489	48,479	53,678	42,980	50,849	45,959		550,216

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.







